Please type a pros sign (+) inside this box ->	PTO/SB/08A, (08-00)
" " " "	Approved for use through 10/31/2002, OMB 0651-0031
	U.S. Palent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Papenvork Reduction Act of 1995, no persons-	are required to respond to a collection of information unless it contains a valid OMB control number.

Sheet

Substitute for form 1449A/PTO				Complete if Known		
				Application Number		
INFORMATION DISCLOSURE				Filing Date		
STATEMENT BY APPLICANT			PLICANT	First Named Inventor	Eliezer Sanchez	
	·			Group Art Unit		
(use as many shoots as necessary)				Examiner Name		
heel	1	of	1	Attorney Docket Number	4778.001	

<u> </u>				U.S. PATENT DOC	JMENTS	<u> </u>
Examiner Initials	Çile Nu '			Name of Patentee or Applicant of Cited Document		Pagos, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
<i>M</i>		4300129		Cataldo	11/10/81	
20		5014040		Weaver	05/07/91	
00		5021794		Lawrence	06/04/91	
CD		5617074		White	04/01/97	
CUI		6278370		Underwood	08/21/01	
						•
		- 				
	· ·					
				· ,		
-	•	r i				
	•		.			•
				· · · · · · · · · · · · · · · · · · ·		
.						
· .		·				
		ļ			1.	

			· · ·	FORE	IGN PATENT DOCUMEN	rs		
Examiner Initials	Cite No.1	Foreign Patent Document			Name of Patentee or	Date of Publication of	Pages, Columns, Lines, Where Relevant	T
		Office ³	Number ⁴	Kind Code ⁵ (il known)	Applicant of Cited Document	Cited Document MM-DD-YYYY	Passages or Relevant Figures Appear	T6
								Ι.
					·			Ľ
		$oxed{oxed}$						1_
	 -	<u> </u>				 	<u> </u>	
						 		\vdash
		 				 		
		 			<u>··</u>	 		╁╌
		 				 		╁╌

Examiner	Date Of Cold	
Signature / Signature	Considered 8/5/09	

EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U. S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

¹ Unique citation designation number. 2 See attached Kinds of U.S. Patent Documents. 3 Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). *For Japanese palent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ** Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. ⁶ Applicant is to place a check mark here if English language Translation is attached.